



OFFICE OF THE PROSECUTING ATTORNEY
24TH JUDICIAL CIRCUIT
HAMILTON COUNTY, INDIANA

INTAKE APPLICATION PACKET

Attached is an application for Child Support Services along with instructions and program information. This packet provides an explanation of the services provided by the Hamilton County Child Support Division and includes:

1. A description of the services provided by the Child Support Division.
2. Application for services.
3. A description of Applicant's responsibilities.
4. Miscellaneous Information.
5. Direct Payment Summary and Affidavit.
6. Title IV-D Advisement.
7. Information about Interstate cases Title IV-D Advisement.

Please make sure the application is completely filled out, including names, social security numbers and birth dates, where requested.

If any child support payments were paid directly to you, you must provide a complete summary of these payments, including dates and amounts paid.

There is a \$25.00 one-time fee for services (TANF and Medicaid recipients are not required to pay.) This must be paid by money order when you submit your completed application.

Incomplete applications will not be accepted.

Child Support Division
One Hamilton County Square, Suite 134
Noblesville, Indiana 46060
(317)776-8559 • Fax (317)774-2585



APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 1)

State Form 34882 (R7 / 10-04) / CSB 425A

CHILD SUPPORT BUREAU
Division of Family and Children
Family & Social Services Administration
402 W. Washington St., Rm W360
Indianapolis IN 46204

INSTRUCTIONS: Complete one application for each non-custodial parent for whom application is made.

PRIVACY STATEMENT

* The records in this series are confidential according to Family and Social Services Administration 45 CFR 303.21. This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of the agency according to 45 CFR 303.70. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a responsible parent outside the home. These services are: Complete Service or Parent Locator Only Service. **ALL FEES FOR SERVICES ARE NON-REFUNDABLE.**

COMPLETE SERVICE: The applicant will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the local IV-D agency. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provisions, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition the Tax Refund Intercept Project may be used to collect child support arrearages. Application for complete service does not guarantee, however, that your case will be submitted for tax refund intercept nor that tax refund monies will be collected. In order to certify a case for intercept, there must be a valid child support order, the absent parent must be at least \$500 in arrears, and the applicant must have the non-custodial parent's Social Security number. If any children of the non-custodial parent have received TANF/AFDC in the past, any collection made from an intercept will first be applied by the State to any unreimbursed public assistance on any former TANF/AFDC case. If the IRS, for any reason, reclaims all or any portion of an intercepted refund that has already been paid to you, you are obligated to repay the State of Indiana the amount reclaimed by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been made and fulfilled.

PARENT LOCATOR SERVICE: The applicant will be entitled to all resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location. The success will greatly depend on the applicant's own knowledge about the absent parent. If all sources of information are exhausted without a successful location, the applicant will be notified. Upon notification, the applicant will have six months to provide additional information. If no additional information is provided within the six month period, the case will be closed and the applicant notified.

TERMINATION OF SERVICES: The applicant may terminate services, only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer desired. The State may terminate services only in accordance with 45 C.F.R. 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the non-custodial parent, reuniting with the non-custodial parent, and other information pertinent to the case. **THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.**

APPLICANT'S STATEMENT

I affirm that the information in this application is true and correct and that false information could result in perjury charges against me. I understand that I am to cooperate with the local IV-D agency in order for my case to be processed, and non-cooperation can result in termination of my case. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results for the service requested. I have read and understand the above NOTICE.

I hereby request the following service under the terms outlined above.

☐ Complete Service ☐ Parent Locator Service Only

Signature of applicant

Date signed (mo., day, yr.)

Application taken by:

Fee paid

Case number

\$



APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 2)

State Form 34882 (R7 / 10-04) / CSB 425A

To be completed by County Office:

Case number

PART II: APPLICANT DATA

1. Full name of applicant (last, first and middle initial)		Maiden	
2. Date of birth (month, day, year)	Sex	Race	Social Security number *
3. Address of applicant (street and number or rural route number, apt. or room number, city, state, ZIP code)			
4. My mailing address is: <input type="checkbox"/> Same as above <input type="checkbox"/> Different (if different, print below)			
Mailing address of applicant (street and number or rural route number, apt. or room number, city, state, ZIP code)			
5. Telephone number (home) ()		Telephone number (work) ()	
6. Address of other person who will always know my whereabouts:			
Name		Telephone number ()	
Address (number and street, city, state, ZIP code)		Relationship	
7. Have you ever received an AFDC Welfare check in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" give the month and year of the last check	
		The county your case was in?	

PART III: DEPENDENT DATA

I wish to secure support payments on behalf of the following children.

CHILD'S FULL NAME (last, first, M.I.)	SEX	BIRTHDATE (mo., day, yr.)	PLACE OF BIRTH	SOCIAL SECURITY NUMBER *	RELATIONSHIP TO ME
1.					
2.					
3.					
4.					
5.					
6.					

For this non-custodial parent I desire:

☐ Parent Locator Service ☐ Complete Service

PART IV: NON-CUSTODIAL PARENT DATA

Name of applicant			
A. Full name of non-custodial parent (last, first and middle)		Alias or maiden name (last, first, middle)	
Social Security number *	Date of birth (month, day, year)	Age	Place of birth (city and state)
Race	Height	Weight	Hair
			Eyes
B. Non-custodial parent's address <input type="checkbox"/> Current <input type="checkbox"/> Last known _____ (years)		Street name and number or rural route number, apt. or room number	
City, state, ZIP code			

NON-CUSTODIAL PARENTS HOME PHONE _____

NON - CUSTODIAL PARENTS CELL PHONE _____



APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 3)

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To be completed by County Office

Case number

C. Employer's address <input type="checkbox"/> Current <input type="checkbox"/> Last known _____ (years)		Name of employer		Street name and number or rural route number	
City, state, ZIP code			Usual type of work		
D. Marital status of children's parents <input type="checkbox"/> Married <input type="checkbox"/> Deserted <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		Date married		Location married	
		Date separated or divorced			
E. Complete if parent: <input type="checkbox"/> Is currently <input type="checkbox"/> Or has been in the military service		Branch of service <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard		F. Names of the non-custodial parent's children. (check box in front of name if there is "No" support order for this child.)	
Rank <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted		Service number		<input type="checkbox"/> 1.	
G. Prior arrest record <input type="checkbox"/> Yes <input type="checkbox"/> No		Where		Date	
				<input type="checkbox"/> 2.	
The non-custodial parent <input type="checkbox"/> Is currently <input type="checkbox"/> has been in the past in a jail, prison or institution				<input type="checkbox"/> 3.	
Name of institution		Date sentenced		<input type="checkbox"/> 4.	
Address (city, state or county)		Date released		<input type="checkbox"/> 5.	
H. Non-custodial parent's father's and mother's (include maiden) name				Verification and comments:	
Address (street, city and state or county)					
I. Other contact person for absent parent					
Address (street, city and state or county)					
J. COMPLETE THIS SECTION IF CHILD IS BORN OUT OF WEDLOCK (place all other paternity information in comment section)					
Has paternity suit been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date (month, day, year)		Place	
Has paternity been established by court order? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date (month, day, year)		Has parent ever paid support or medical or bought things for these children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount \$		Frequency			
K. COURT DATA (all applicants must complete this section)					
Has parent ever been ordered by a court to pay support for these children? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of court			
If No, has a petition been filed and a hearing pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address of court (number and street, city, state, ZIP code)			
Cause number of court order		Amount \$		Frequency	
Non-custodial parent paying support? <input type="checkbox"/> Yes <input type="checkbox"/> No					
To whom does parent pay support? <input type="checkbox"/> Pays to me <input type="checkbox"/> To Clerk's office		Date last paid		Is parent paying military allotment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Amount \$	
TO BE COMPLETED BY COUNTY OFFICE					
Application taken by:				Date (month, day, year)	
APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES - ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE					
Name of non-custodial parent					
NAMES OF CHILDREN					
1.			5.		
2.			6.		
3.			7.		
4.			8.		



APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 4)

State Form 34882 (R7 / 10-04) / CSB 425A

To be completed by County Office
Case number

AGREEMENT

I understand and agree that support payments collected hereafter from the non-custodial parent named above on behalf of myself and/or the above named children will be paid to the Division of Family and Children, Family and Social Services Administration, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency. Such charges are explained in page one of the "Application for Title IV-D Child Support Services" executed by the applicant. This authorization shall continue in effect until terminated in the manner set forth on page one of the "Application for Child Support Services".

Printed name of applicant

Signature of applicant

X

Date signed (month, day, year)

Cause number of support order

Name of court

SERVICES PROVIDED BY THE HAMILTON COUNTY CHILD SUPPORT DIVISION

1. LOCATION

If a Parent's whereabouts are unknown, an attempt will be made to locate a residence or employer address.

2. ESTABLISHMENT OF PATERNITY/SUPPORT ORDERS

If your child(ren) was born out of wedlock, the child's paternity will need to be established. If paternity has already been established, a support order may need to be entered.

3. ENFORCEMENT – CHILD SUPPORT ORDERS

Appropriate action will be taken to establish, modify and or enforce a support order against the child(ren)'s parents. Enforcement methods may include:

- a. Wage Garnishment
- b. Credit Bureau Reporting
- c. Intercept of State and Federal taxes
- d. Court Action
- e. Liens
- f. License Suspensions

4. SERVICES NOT PROVIDED

- a. Dissolution of Marriage
- b. Custody or Visitation Issues
- c. Enforcement of Court ordered payment of unpaid bills, attorney's fees, property settlements or tax exemption determinations.

INFORMATION ABOUT INTERSTATE CASES

The Uniform Interstate Family Support Act (UIFSA) provides for enforcement and establishment of support orders across state lines. It is a complicated process and may involve the following steps:

1. The absent parent must be located and the address must be verified.
2. If there is an order in effect, three (3) certified copies of the order, payment histories and docket must be obtained.
3. A General Testimony and/or Paternity Affidavit, if no order exists, may be sent for you to complete and return to the caseworker. If this paperwork is not returned completely filled out and signed, you will be sanctioned or your case will be closed.
4. Petitions are forwarded to the State where the other parent resides. It is processed by a statewide Central Registry before being forwarded to the actual county or town where the absent parent resides.
5. The Child Support Program and the Court where the absent parent resides will assume responsibility for enforcement. CAUTION: All proceedings in another state will be governed by their laws and their time frames.
6. All payments will be paid to the Clerk's Office where the absent parent resides. These monies are then forwarded to the Indiana State Central Unit and distributed according to the procedure outlined on Item 7 on the Miscellaneous Information Sheet. This can mean a delay in the receipt of the first payment.

NOTES

1. Enforcement can take between six (6) months and two (2) years after the enforcing jurisdiction receives the petition.
2. After the Petitions are sent, allow three (3) months before you make a status request.
3. If our office is unable to locate the Absent Parent, you will be informed.
4. Some states may not enforce:
 - a. An order for support after the child reaches eighteen (18) years old, or
 - b. Arrearage owing in the original order, after the child is legally emancipated.

MISCELLANEOUS INFORMATION

1. Our Deputy Prosecutors by law represent the State of Indiana and the child's best interest, and they are not your personal attorneys. This means that in the event of a conflict between your interests and those of the State, the Deputy will resolve the conflict in favor of the State's interest.
2. All child support payments must be made through the Clerk of Court or the State Central Collection Unit.
3. A non-public assistance case can be closed by a WRITTEN request of the applicant or at the prosecutor's request.
4. As a condition of receiving Public Assistance, support payments are assigned and retained by the State.
5. If payments become delinquent to the equivalent of thirty (30) days you may contact our office.

DESCRIPTION OF APPLICANT'S RESPONSIBILITIES

1. At the time of application the Client must provide:
 - a. Copies of ALL Indiana Court orders or Certified copies of ALL out of State Court orders, dockets and pay histories (If you have a problem getting certified copies, contact our office)
 - b. Absent parent's social security number, date of birth, address and employer if known
 - c. Affidavit of direct payments, if applicable
 - d. A \$25.00 payment in the form of a money order made payable to the Indiana State Child Support Bureau. No personal checks or cash will be accepted.
 - e. Completed application
 - f. Copy of child(ren)'s Birth Certificate and paternity affidavit
 - g. Copy of Child(ren)'s Hoosier Health Wise Card
 - h. Copy of Child(ren)'s social security card
 - i. Copy of Custodial Parent's Driver's License/State ID
 - j. Copy of child/ren's health insurance card
 - k. Other information requested
2. After Application, the client agrees to:
 - a. Report changes which may affect your case, such as change of address, employer, custody and provide appropriate documentation.
 - b. Complete all documents as requested and required by the program within the time frames set forth.
 - c. Appear upon notice at the Child Support Division, at Court hearings and/or for DNA testing.

Date

Signature of IV-D applicant

TITLE IV-D ADVISEMENT

I, the undersigned custodial parent or custodian, acknowledge that the Hamilton County Child Support Division is an agent of the State of Indiana and the Indiana Family and Social Services Administration, and cannot serve as a private attorney to custodial parents or other custodians. The function of the Child Support Division is to protect and promote the interests of the State of Indiana at large and the best interest of the children in particular, and these interests may conflict at times with my interests or desires.

I understand that the Deputy Prosecuting Attorney does not represent parents or custodians, but is merely providing child support services under Title IV-D of the Federal Social Security Act. Pursuant to Federal and State law, the Hamilton County Child Support Division provides four (4) basic services:

1. Location of Absent Parents;
2. Establishment of paternity and other support orders;
3. Enforcement of support orders; and
4. Modification of support orders.

Furthermore, I acknowledge that the Child Support Division cannot provide me with representation with regard to visitation, custody and/or property settlement. I am aware of the fact that, pursuant to the mandates of Title IV-D of the Social Security Act, the Child Support Division is not allowed to become involved in matters such as custody, visitation or property settlement. I am aware that I may consult with a private attorney or a legal service agency concerning those issues.

I acknowledge that I am not entering into an attorney-client relationship with any attorney in the Child Support Division and information provided by me is not protected by the attorney-client relationship.

ACKNOWLEDGEMENT

I acknowledge that I have read the above and fully understand the contents of this notice and the nature of my relationship with the Child Support Division and its representatives.

Date

Signature of IV-D Applicant

AGREEMENT OF RESPONSIBILITIES

I, _____, have read through and understand completely the points listed below. By signing this document, I agree to the guidelines and structures of the Child Support Division.

- ❖ I understand and agree that the Prosecuting Attorney and Staff are in no way my private counsel.
- ❖ I understand and agree that the Prosecuting Attorney and Staff work on behalf of the State of Indiana for the best interest of my child(ren).
- ❖ I understand and agree that Prosecuting Attorney and Staff will have sole decision making powers in regard to enforcement actions on my case.
- ❖ I understand and agree that the Prosecuting Attorney and Staff at most will charge a one time filing fee of \$25.00. All action on my case after that fee are free of cost to me, yet funded by the taxpayers of the State of Indiana.
- ❖ I understand and acknowledge that enforcement, particularly when there may be another state involved, can and will take months, if not years to become effective.
- ❖ I understand and agree that if I am verbally or physically abusive to the staff, continuously use obscenities, etc., the Child Support Division reserves the right to close my case in their office.
- ❖ Most importantly, I understand that the Child Support Division and myself are a team working together for my child(ren). I agree to provide whatever information or documentation that may be required to enforce my case.
- ❖ I understand and agree that it is my responsibility to provide as much about the absent parent as possible.

Date

Signature of IV-D Applicant

ADDITIONAL QUESTIONS

1. Has there been a history of domestic violence between you and the non custodial parent?
2. If yes, do you have a Protective Order against the non custodial parent?
3. If yes, what is the Protective Order Cause Number? Please Attach a copy of the Protective Order.
4. Has there ever been any police reports filed against the non custodial parent?
5. Has there been a history of child abuse between the child(ren) and the non custodial parent?
6. Have any incidents of child abuse been reported to Child Protective Services?
7. If so, please list the dates child abuse was reported and in what county.
8. Other Information:

STATE OF INDIANA

)

IN THE Hamilton County _____ Court

)SS:

HAMILTON COUNTY

)

CAUSE NUMBER:

Petitioner

vs

Respondent

AFFIDAVIT

Comes now the Affiant, _____, having been fully sworn upon his/her oath, depose and states:

1. The Respondent has paid me a total of \$ _____ in direct payments as of today's date.

2. I will not accept any further direct payments of child support from the Respondent.

FURTHER AFFIANT SAITH NOT. _____
Custodial Parent

Subscribed and sworn to before me, a Notary Public, in and for the said County and State, on _____ day of _____, _____.

COMMISSION EXPIRES

NOTARY PUBLIC

COUNTY OF RESIDENCE

HAMILTON COUNTY PROSECUTING ATTORNEY'S OFFICE
CHILD SUPPORT DIVISION
ONE HAMILTON CO. SQUARE STE 134
NOBLESVILLE, IN 46060
TELEPHONE: (317) 776-8559
FACSIMILE: (317) 774-2585
(SERVICE BY FACSIMILE NOT ACCEPTED)
CASE NUMBER 0005049388
Bar Code: